

APPLICATION FOR REGISTRATION OF PERPETUAL CARE CEMETERY

INSTRUCTIONS

The State Board of Cemeterians reviews completed applications for approval of registration as a perpetual care cemetery. A completed application includes the following:

- Each page of this application completed with signatures and notarization where indicated.
- Supporting documents for any “Yes” answers to questions in the Professional Background Information Section.
- Consent Forms completed and signed by each person with a controlling ownership interest in the cemetery.
- If the legal owner is a Partnership, submit a copy of the executed Partnership agreement.
- A copy of the bylaws.
- A copy of the cemetery rules and regulations.
- Two copies of the cemetery price list.
- A balance sheet as of the end of the most recent fiscal year, and in no event dated more than 15 months prior to the date of filing of this application. **This information will be held as confidential and not open to public inspection.**
- A certified copy of the plat of cemetery property that includes the name of the cemetery and total acreage dedicated for cemetery use.
- A certified copy of the deed or other evidence of title to the cemetery property in accordance with O.C.G.A. § 10-14-4 (b)(1)(K).
- A certified copy of the notice regarding encumbrance if notice is a separate instrument and not included on the deed in accordance with O.C.G.A. § 10-14-4 (b)(1)(L).
- A copy of the perpetual care trust fund agreement executed by the applicant and accepted by the trustee, along with proof of the initial deposit of \$10,000 into the trust fund in accordance with O.C.G.A. § 10-14-4 (b)(1)(O).
- Application fee of \$100.00. Application fees are non-refundable.

STATE BOARD OF CEMETERIANS
237 COLISEUM DRIVE
MACON, GA 31217
478.207.2440
www.sos.ga.gov/securities

DO NOT WRITE IN THIS SECTION

RECEIPT # _____

AMOUNT _____

APPLICANT # _____

INITIAL ____ DATE _____

APPLICATION FOR REGISTRATION OF PERPETUAL CARE CEMETERY

REASON FOR APPLICATION (CHECK ONE):

☐ NEW ESTABLISHMENT – FEE \$100.00 (Payable to State Board of Cemeterians)
APPLICATION FEES ARE NON-REFUNDABLE

☐ AMENDMENT ONLY – NO FEE REQUIRED

NAME OF CEMETERY _____

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEI): _____

MAILING ADDRESS:

STREET OR P.O. BOX _____

CITY _____ STATE _____ COUNTY _____ ZIP CODE _____

TELEPHONE (____) _____ FAX (____) _____

EMAIL ADDRESS: _____

Your email address is requested in order to send communication from the Board and will be treated as confidential.

PHYSICAL LOCATION ADDRESS (ADDRESS WILL APPEAR ON BOARD'S WEBSITE):

NUMBER AND STREET(P.O. BOX NOT ACCEPTABLE) _____

CITY _____ STATE _____ COUNTY _____ ZIP CODE _____

TELEPHONE (____) _____ FAX (____) _____

EMAIL ADDRESS (IF DIFFERENT FROM EMAIL ADDRESS ABOVE): _____

OWNERSHIP/RELATIONSHIP INFORMATION

IF THE BUSINESS IS A SOLE PROPRIETORSHIP (NOT CORPORATION, PARTNERSHIP, OR LLC)

OWNER NAME: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

IF THE BUSINESS IS A PARTNERSHIP

PARTNERSHIP NAME: _____

LIST GENERAL PARTNERS & OTHERS WITH AT LEAST 10% OWNERSHIP INTEREST IN THE PARTNESHIP (ATTACH ADDITIONAL SHEETS IF NECESSARY)

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

IF THE BUSINESS IS A CORPORATION OR A LIMITED LIABILITY COMPANY

LEGAL BUSINESS NAME: _____

DATE REGISTERED WITH GEORGIA SECRETARY OF STATE: _____

NAME & TITLE OF PERSON TO CONTACT CONCERNING THIS APPLICATION:

CONTACT'S EMAIL ADDRESS

CONTACT'S TELEPHONE

NAME OF REGISTERED AGENT: _____

AGENT'S ADDRESS:

STREET OR P.O. BOX

CITY STATE ZIP CODE TELEPHONE

PHYSICAL LOCATION ADDRESS FOR CORPORATION OR LLC:

STREET (P.O. BOX IS NOT ACCEPTABLE)

CITY STATE ZIP CODE TELEPHONE

PHYSICAL ADDRESS WHERE ALL RECORDS RELATED TO CEMETERY ARE LOCATED:

STREET (P.O. BOX IS NOT ACCEPTABLE)

CITY STATE ZIP CODE TELEPHONE

LIST ALL OFFICERS, MEMBERS, AND OTHERS WHO OWN AT LEAST 10% OF ANY CLASS OF OWNERSHIP IN THE CORPORATION OR LLC (ATTACH ADDITIONAL SHEETS IF NECESSARY)

NAME: _____ TITLE: _____

RESIDENCE:

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE:

STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE:

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE:

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE:

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE:

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

PROFESSIONAL BACKGROUND INFORMATION

The Applicant must answer the following questions. If your answer is “Yes” to any of the following questions, provide explanation, including certified documentation. Such documentation includes, but is not limited to, court dispositions and disciplinary action by a licensing board. Attach additional sheets, if necessary.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the applicant, owner, any partner, officer or member, or anyone owning a controlling interest in the corporation or LLC had any license or registration issued by any board, agency, or licensing authority in Georgia or any other state revoked, suspended, or otherwise sanctioned?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the applicant, owner, any partner, officer or member, or anyone owning a controlling interest in the corporation or LLC ever been denied issuance of a license or registration, or, pursuant to any disciplinary proceedings, refused renewal of a license or registration by any board, agency, or licensing authority in Georgia or any other state?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the applicant, owner, any partner, officer or member, or anyone owning a controlling interest in the corporation or LLC currently insolvent or the debtor in any petition currently pending pursuant to any chapter of the United States Bankruptcy Code?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	To the best of your knowledge, is there any disciplinary action pending against the applicant, owner, any partner, officer or member, or anyone owning a controlling interest in the corporation or LLC by any board, agency, or licensing authority in Georgia or any other state ?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the applicant, owner, any partner, officer or member, or anyone owning a controlling interest in the corporation or LLC ever been arrested, charged, convicted, sentenced, entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor (other than a minor traffic violation), or any crime involving moral turpitude? (DWI and DUI are not minor traffic violations.) If “Yes,” attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there pending litigation, or has a judgment been made, against the applicant , owner, any partner, officer or member, or anyone owning a controlling interest in the corporation or LLC related to the practice of the cemetery or preneed profession or which could materially affect the business or assets of the applicant?

AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the State Board of Cemeterians, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 8 and 9 of the application.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the State Board of Cemeterians and/or criminal prosecution.

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

PRINT NAME

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

DATE

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- ☐ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- ☐ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- ☐ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- ☐ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- ☐ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- ☐ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- ☐ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- ☐ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- ☐ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- ☐ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- ☐ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- ☐ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- ☐ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- ☐ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- ☐ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- ☐ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

OTHER GEORGIA ENTITIES OWNED BY THE APPLICANT

If the applicant or any affiliate of the applicant owns any other entities in Georgia that are regulated by O.C.G.A. § 10-14, provide the following information on each entity. Copy this page if necessary.

NAME OF ENTITY		REGISTRATION NUMBER		
MAILING ADDRESS				
STREET OR PO BOX	CITY	STATE	ZIP CODE	TELEPHONE
PHYSICAL ADDRESS				
STREET (NOT A PO BOX)	CITY	STATE	ZIP CODE	TELEPHONE

NAME OF ENTITY		REGISTRATION NUMBER		
MAILING ADDRESS				
STREET OR PO BOX	CITY	STATE	ZIP CODE	TELEPHONE
PHYSICAL ADDRESS				
STREET (NOT A PO BOX)	CITY	STATE	ZIP CODE	TELEPHONE

NAME OF ENTITY		REGISTRATION NUMBER		
MAILING ADDRESS				
STREET OR PO BOX	CITY	STATE	ZIP CODE	TELEPHONE
PHYSICAL ADDRESS				
STREET (NOT A PO BOX)	CITY	STATE	ZIP CODE	TELEPHONE

AUTHORIZED SALES AGENTS

LIST EACH INDIVIDUAL EMPLOYED, APPOINTED, OR AUTHORIZED BY THE APPLICANT TO OFFER FOR SALE OR TO SELL ANY GRAVE LOTS, BURIAL RIGHTS, BURIAL OR FUNERAL MERCHANDISE, OR BURIAL SERVICES ON BEHALF OF THE APPLICANT:

NAME: _____ REGISTRATION: _____

NAME: _____ REGISTRATION: _____

NAME: _____ REGISTRATION: _____

NAME: _____ REGISTRATION: _____

NAME: _____ REGISTRATION: _____

NAME: _____ REGISTRATION: _____

NAME: _____ REGISTRATION: _____

NAME: _____ REGISTRATION: _____

NAME: _____ REGISTRATION: _____

NAME: _____ REGISTRATION: _____

NAME: _____ REGISTRATION: _____

NAME: _____ REGISTRATION: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

THIS CONSENT FORM MUST BE COMPLETED & SIGNED BY EACH PERSON OWNING A CONTROLLING INTEREST IN THE APPLICANT. MAKE COPIES AS NEEDED.

CONSENT FORM

I hereby authorize the State Board of Cemeterians ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.

☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

- ____ Working with mentally disabled
____ Working with elder care
____ Working with children

**STATE BOARD OF CEMETERIANS
237 COLISEUM DRIVE
MACON, GA 31217
478.207.2440
www.sos.ga.gov/securities**

ZONING CERTIFICATION

THIS IS TO CERTIFY THAT

NAME OF CEMETERY

OWNER(S)

STREET ADDRESS

CITY

STATE

ZIP CODE

**HAS MET ALL ZONING STANDARDS THAT ARE REQUIRED TO OPERATE THE PROPOSED PERPETUAL CARE
CEMETERY IN THE COUNTY/CITY OF**

SIGNATURE OF ZONING COMMISSIONER

PRINT NAME OF ZONING COMMISSIONER

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

NOTARY SEAL

PERPETUAL CARE TRUST FUND INFORMATION

TRUSTEE INFORMATION

NAME OF TRUSTEE (IF MORE THAN ONE TRUSTEE, COMPLETE ADDITIONAL SECTION BELOW)

ADDRESS (STREET OR PO BOX)

CITY

STATE

ZIP CODE

TELEPHONE

EMAIL ADDRESS

NAME OF TRUSTEE

ADDRESS (STREET OR PO BOX)

CITY

STATE

ZIP CODE

TELEPHONE

EMAIL ADDRESS

TRUST ACCOUNT INFORMATION

NAME OF DEPOSITORY

ADDRESS (STREET OR PO BOX)

CITY

STATE

ZIP CODE

TELEPHONE

NAME OF CONTACT PERSON

EMAIL ADDRESS OF CONTACT

ACCOUNT NAME

ACCOUNT NUMBER

DESIGNATION OF AGENT FOR THE SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

The undersigned

_____, of _____
Name of Authorized Person Name of Owning Entity of Cemetery

being an applicant for licensure as a Perpetual Care Cemetery in the State of Georgia, does hereby irrevocably designate and appoint the Division Director, Professional Licensing Division, State of Georgia, as its agent for the purpose of accepting service of any and all process issued by any court located within the State of Georgia, as well as service of all pleadings and other papers, relating in any way to any action, suit or legal proceeding arising out of or pertaining to its duties or responsibilities as a Perpetual Care Cemetery in the State of Georgia. The undersigned further consents, stipulates and agrees that any lawful process served upon the aforesaid agent shall have the same legal force and validity as if served upon the undersigned personally within the State of Georgia and that the authority contained here shall continue in force and effect so long as any liability against the undersigned remains outstanding in the State of Georgia.

This ____ day of _____, _____.

Signature of Authorized Person for Ownership

Print Name

State of _____, County of _____

The above-named personally appeared before the undersigned Notary Public in and for the above-named County and State, the day and date above-named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of such applicant for the purposes therein set forth.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

SEAL

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____